

Globularine and Globularetine.—DR. POUCEL reports that in the forms of arthritis—rheumatism, gout, gravel, the cutaneous or mucous manifestations, the auto-intoxications, by retention of nitrogenous metabolism producing acceleration or irregularities of the heart, extractive matters producing hyperpyrexia, toxins paralyzing the myocardium—these remedies combined produce a cure or relieve the symptoms with surprising rapidity. Brief histories of eight from the two hundred instances of its use are reported. The dose is about a grain of the former and rather more of the latter substance. If administered as the prasoïde of Heckel the dose is from sixty to ninety drops per day. Clinically, this remedy is a visceral depurative and a cardio-vascular tonic.—*Bulletin Général de Thérapeutique*, 1898, 3e liv., p. 81.

[Globularine is a bitter glucoside found in different species of globularia. Globularetine is a decomposition product of this. These are probably obtained from the *Globularia alypum*, the wild senna of Europe, which grows along the shores of the Mediterranean.—R. W. W.]

The Sterilization of Urethral Instruments with Paraform.—DR. EDWARD MARTIN makes use of a box of wood or metal, or of any comparatively air-tight material, in which the instruments can be laid, with a tray or cage upon which the paraform can be spread so that the vaporization may be fairly rapid. In his experiments thirty grains of the substance were used. For efficient lubricants he makes use of two preparations: (1) purified liquid petrolatum with a small quantity of menthol or oil of cinnamon; or (2) a 33 per cent. boroglycerin preparation.—*The Philadelphia Polyclinic*, 1898, No. 6, p. 60.

Methylene-blue in the Treatment of Acute Gonorrhœa.—DR. ORVILLE HORWITZ has employed the following formula in one hundred and five instances: Methylene-blue, 2; oil of sandalwood, 3; oleo-resin of copaiba, 3 grs.; oil of cinnamon, 1 drop; given in capsules. When this combination is administered the purulent discharge, together with all inflammatory symptoms, usually disappeared within four or five days. He presents the following conclusions: 1. Methylene-blue is a germicide of great value in cases of acute urethritis due to the presence of gonococci. 2. It will not abort the disease, but will materially shorten its duration. 3. It markedly lessens the tendency to complications. 4. It is not to be employed in acute urethritis unless gonococci are present. 5. It should be employed as early as possible. 6. Its action is enhanced and the duration of the disease shortened by combination with copaiba, sandalwood, and salol. 7. Injections and irrigations of potassium permanganate early, and, later, astringent injections have a marked tendency to lessen the duration of the disease. 8. It colors the urine a deep-blue; of this the patient should be informed. 9. It is of no service in non-specific urethritis.—*The Philadelphia Polyclinic*, 1898, No. 8, p. 98.

The Treatment of Syphilis.—DR. RICHARD KOPPER presents a plea for the hypodermatic use of corrosive sublimate in large doses. He makes use of the following formula: corrosive sublimate, 5; sodium chloride, 5; distilled water, 100; and reports the results of 258 injections in 69 hospital

patients, and 240 injections in 58 ambulant patients. The injections are made into the gluteal region a short distance from the anus and avoiding a locality which will interfere with sitting or locomotion. The injections are to be placed deep into the muscles (one and one-half inches), and the entire quantity deposited before withdrawal of the needle, so that none of the solution will get into the track of the needle, because this is painful. The orifice should be closed with iodoform-collodion. Intra-muscular infiltration occurs in about one-fifth of the cases. This may become the size of a bean or a walnut, but rapidly disappears. Abscesses have not occurred. The interval between injections should be from five to eight days.—*Prager medicinische Wochenschrift*, 1898, No. 1, S. 1.

MEDICINE.

UNDER THE CHARGE OF

WILLIAM OSLER, M.D.,

PROFESSOR OF MEDICINE IN THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND,

AND

GEORGE DOCK, M.D.,

PROFESSOR OF MEDICINE IN THE UNIVERSITY OF MICHIGAN.

Disturbance of the Choking-reflex, Speech, and Deglutition in Hemiplegia.—W. KATTWINKEL (*Deutsches Archiv für klin. Med.*, Bd. lxx. p. 317) has made an investigation under Prof. P. Marie, at the Bicêtre, Paris, for the purpose of finding some anatomical ground for the symptoms named, so important in diseases so various as pseudobulbar paralysis, hemorrhage, infantile cerebral palsy, etc. He examined especially one hundred cases of hemiplegia, fifty right-sided and fifty left-sided. The age of the hemiplegia, its origin, whether apoplectic or gradual, and the extent and duration of disturbances of the functions mentioned above were investigated. The methods of clinical examination require no description. The principal conclusions drawn are: 1. That the centre for word-forming is in Broca's convolution. 2. The centre for co-ordination of speech—articulation—is chiefly in the third right frontal convolution. 3. Both centres are united by association-fibres passing through the corpora striata. 4. The reflex centre for the pharynx and larynx is in the corpus striatum, especially in the right side, where also the deglutition centre lies.

The author found disturbances of speech in forty-one out of fifty cases of left-sided hemiplegia, and in twenty-five of these the disturbance was permanent. They consisted essentially of loss of co-ordination, and are ascribed, in opposition to most writers, to the lesion in the third right frontal convolution, and not to functional alterations of the facial or hypoglossal nerve. A number of the cases are cited, some with autopsies.

Thrombosis of the Portal Vein.—This is an extremely rare condition, but one that can at times be recognized during life. BORRMANN (*Deutsches*